## PART B - FEE(S) TRANSMITTAL

| Complete acid send the   |  | in' - 4 - 10011                       | or F   | Commissioner<br>P.O. Box 1450<br>Alexandria, Vi<br>ax (703) 746-4000 | for Patents rginia 22313-1450   | 5 should be completed where   |  |
|--|--|---------------------------------------|--|--|---|---|--|
| appropriate. All further correspondence including the Patent, advance orders and notification indicated unless correspondence of directed otherwise in Block 1, by (a) specifying a new maintenance feet notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                |  |                                       |  | Note: A certificate<br>Fee(s) Transmittal.<br>papers. Each addition  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |  |
|  | NTHROP SHAW P<br>OULEVARD<br>102                     |                                       | o<br>O   | I hereby certify tha<br>States Postal Servic<br>addressed to the M   | Certificate of Mailing or Transmittal is be   | eing deposited with the United<br>first class mail in an envelope<br>ess above, or being facsimile<br>he date indicated below.  |  |
| FC:1501 1400.00<br>FC:8001 30.00   | DA   | · · · · · · · · · · · · · · · · · · · |  |  |   | (Depositor's name) (Signature) (Date)   |  |
| APPLICATION NO.  | FILING DATE  | FIRST NAME                            |  | INVENTOR   | ATTORNEY DOCKET NO  | O. CONFIRMATION NO.   |  |
| 09/831,165   | 05/07/2001   | L                                     | Hiroaki (  |  | KIX0145-PCT   | 9023  |  |
| HEAD   | NTEGRAL IMAGE REAL                                   | ADING/WRI                             | EAD, IMAGE   | PROCESSOR PROVIDED PUBLICATION FEE                                   | O WITH THIS, IMAGE RE   | DATE DUE  |  |
|  | APPLN. TYPE SMALL ENTITY                             |                                       |  | \$0  | \$1400  | 08/12/2005  |  |
| nonprovisional   | NO   | \$1400                                |  |  | ¬   | 00/12/2003  |  |
| EXAM   | INER   | ART UN                                |  | CLASS-SUBCLASS   |   |   |  |
| GIBBS, HE  |  | 2622                                  |  | 358-472000   |   |   |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OR |  |                                       | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE DATE TO THE (strict part and strict) |  |   |   |  |
| DI CASE MOTE: Unless   | an assignee is identified be 37 CFR 3.11. Completion | elow, no assignee of this form is NO  | data will appea<br>Ta substitute fo  | or on the natent. If an ass  |   | ne document has been filed for  |  |
| Rohm Co.,  | Ltd.   |                                       | Kyoto  | o, Japan   |   |   |  |
| Please check the appropriate   | assignee category or catego                          | ries (will not be pri                 | inted on the par   | tent): 🔲 Individual 🔀  | Corporation or other private  | group entity Government   |  |
| 4a. The following fee(s) are   | enclosed:  |                                       | Payment of F   | • •  | e anclosed  |   |  |
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| 5. Change in Entity Status   | (from status indicated above                         | e)                                    | - <del>- 11</del>  |  | MALL ENTITY status. See 3   |   |  |
|  |  |                                       |  |  |   | olication identified above.<br>or the assignee or other party in  |  |
| Authorized Signature   |  |                                       | Date July 25, 2005   |  |   |   |  |
| Typed or printed name  |  |                                       | Registration No. 32,329  |  |   |   |  |
|  |  |                                       |  |  | by the public which is to file 12 minutes to complete, incl y comments on the amount of and Trademark Office, U.S. ESS. SEND TO: Commission s it displays a valid OMB con   | (and by the USPTO to process) uding gathering, preparing, and of time you require to complete Department of Commerce, P.O. oner for Patents, P.O. Box 1450, atrol number. |  |